

2008 NR

DELAWARE INDIVIDUAL  
NON-RESIDENT  
INCOME TAX RETURN  
FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

or Fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Your Social Security No. \_\_\_\_\_

Spouse's Social Security No. \_\_\_\_\_

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name \_\_\_\_\_

First Name and Middle Initial \_\_\_\_\_

Jr., Sr., III., etc. \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_

Spouse's First Name \_\_\_\_\_

Jr., Sr., III., etc. \_\_\_\_\_

Present Home Address (Number and Street) \_\_\_\_\_

Apt. # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**FILING STATUS (MUST CHECK ONE)**

1. ☐ Single, Divorced, Widow(er)      3. ☐ Married & Filing Separate Forms  
2. ☐ Joint      5. ☐ Head of Household

Check if FULL-YEAR non-resident in 2008 ☐

Form DE2210 Attached ☐

If you were a part-year resident in 2008, give the dates you resided in Delaware.

From \_\_\_\_\_ 2008 To \_\_\_\_\_ 2008  
Month Day Month Day

37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Column 1).....	37		00
38. (a) If you elect the STANDARD DEDUCTION check here..... a. <input type="checkbox"/> Filing Statuses 1, 3 & 5 - \$3250      Filing Status 2 - \$6500 (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36..... b. <input type="checkbox"/>	38		00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>	39		00
40. TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here.....	40		00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount.....	41		00
42. Tax Liability Computation A Line 30 A <input type="text"/> 00      Proration Decimal (See instructions, page 10)      Tax Liability from Tax Rate Table/Schedule Amount B Line 30 B <input type="text"/> 00 = <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/> 00	42		00
<b>PERSONAL CREDITS (If Filing Status 3, see instructions on page 11)</b>			
43a Enter number of exemptions claimed on Federal return _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43a		00
43b CHECK BOX(ES)      Spouse 60 or Over (if filing status 2) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/> Enter number of boxes checked on Line 43b _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43b		00
44. Tax imposed by State of _____ (Must attach copy of DE Sch. I and other state return) (Part-Year Residents Only. See instructions, page 11).....	44		00
45. Other Non-Refundable Credits (See instructions, page 11).....	45		00
46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45.....	46		00
47. BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero).....	47		00
48. Delaware Tax Withheld (Attach W-2s/1099s).....	48		00
49. 2008 Estimated Tax Paid & Payments with Extensions.....	49		00
50. S Corporation Payments (Form 1100S/A-1 Required).....	50		00
51. TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50.....	51		00
52. If Line 47 is greater than Line 51, subtract 51 from 47 and enter here.....AMOUNT YOU OWE >	52		00
53. If Line 51 is greater than Line 47, subtract 47 from 51 and enter here.....OVERPAYMENT >	53		00
54. CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife <input type="text"/> 00      F. Organ Donations <input type="text"/> 00 B. U.S. Olympics <input type="text"/> 00      G. Diabetes Educ. <input type="text"/> 00 C. Emergency Housing <input type="text"/> 00      H. Veteran's Home <input type="text"/> 00 D. Children's Trust <input type="text"/> 00      I. DE National Guard <input type="text"/> 00 E. Breast Cancer Educ. <input type="text"/> 00      J. Juv. Diabetes Fund <input type="text"/> 00	TOTAL >	54	00
55. AMOUNT OF LINE 53 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNT.....ENTER >	55		00
56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions.....ENTER >	56		00
57. NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full.....PAY IN FULL >	57		00
58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53.....ZERO DUE/TO BE REFUNDED >	58		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature <b>X</b>	Date	Signature of Paid Preparer <b>X</b>	Date	EIN,SSN or PTIN
Spouse's Signature (If filing joint) <b>X</b>	Date	Address	Zip Code	
Home Phone	Business Phone	Business Phone		
Email Address		Email Address		



